

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS,  
MARION BRANCH, HOSPITAL & HOSPITAL ANNEX  
(Building Nos. 19 & 20)  
1700 East 38th Street  
Marion  
Grant  
Indiana

HABS IN-306-A  
*IN-306-A*

PHOTOGRAPHS

PAPER COPIES OF COLOR TRANSPARENCIES

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

ADDENDUM TO:  
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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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## HISTORIC AMERICAN BUILDINGS SURVEY

### ADDENDUM TO NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS, MARION BRANCH, BUILDING Nos. 19-20 (Hospital & Hospital Annex)

HABS No. IN-306-A

**Location:** 1700 East 38<sup>th</sup> Street, Marion, Grant County, Indiana. The Hospital and Hospital Annex is on the east side of Steele Circle and southeast of the main entrance gate on 38<sup>th</sup> Street.

The coordinates for the Hospital and Hospital Annex are 40.520881 N, - 85.633340 W; these were obtained in August 2011 and, it is assumed, NAD 1983. There is no restriction on the release of the locational data to the public.

**Present Owner/**

**Occupant:** U.S. Department of Veterans Affairs, Northern Indiana Healthcare System

**Present Use:** Vacant, scheduled for demolition

**Significance:** Building Nos. 19 & 20 is the original hospital administration building and kitchen/dining room service ell at the Marion Branch of the National Home for Disabled Volunteer Soldiers (NHDVS), established in 1889. The NHDVS was a federal institution authorized by Congress in 1865 and charged with caring for Civil War veterans disabled by their military service. By 1930 the system had eleven branches and became part of the new Veterans Administration. Congressman George Steele of the 11<sup>th</sup> Indiana Congressional District successfully promoted the creation of this Branch in Grant County with the promise of an on-site natural gas well for free heating and lighting. The Marion Branch was the seventh NHDVS branch and featured a picturesque campus of winding avenues and red brick Queen Anne buildings with wide porches and ornamental balustrades. The original buildings were designed by the Dayton, Ohio architectural firm of Peters and Burns.

Building Nos. 19 & 20 is oriented east-to-west at the center of a multi-part hospital structure and connected by a narrow corridor. Nearly identical wings to the north and south (Buildings No. 21 and 22) are also connected to the rest of the hospital by narrow enclosed corridors (Figure 1). Building No. 19 has the appearance of a Queen Anne residential structure with wrap-around porches and decorative tower and turrets. It housed administrative functions for the hospital such as offices, file rooms, and other staff spaces. Building No. 20 housed the hospital kitchen, dining room, and support spaces in a more utilitarian and symmetrical structure with a rectangular footprint and hipped roof (Figure 2). In

1921, the Marion Branch became the Marion National Sanitarium, a facility dedicated to the treatment of World War I neuropsychiatric cases, including what was then called shell shock and other mental disorders. The emphasis throughout the NHDVS had been shifting from residential campuses to more sophisticated medical care for veterans. The hospital and numerous other buildings were renovated at this time.

After 1930 the Marion Branch continued to specialize in psychiatric care as part of the Veterans Administration. The original hospital and many of the barracks were still used for patients until new psychiatric facilities were built on the west side of the site. Since vacated during the 1990s, Building Nos. 19 & 20 has fallen into severe disrepair and will be demolished during 2012.

**Historian:** Virginia B. Price, HABS, 2011.

## **Part I. Historical Information**

### **A. Physical History**

#### **1. Date of erection:** 1890-91

While the hospital was under construction, the medical department operated out of Barrack No. 4 and anticipated the move into the “spacious” hospital in the latter part of 1891.<sup>1</sup> Building Nos. 19 & 20 was built during 1890-1891 along with the south wing (Building No. 22). The north wing (Building No. 21) was constructed during 1892-93. By 1898 the hospital was described the “central administration building [and] a north and south wing, and building to the rear constituting the dining room and kitchen.”<sup>2</sup>

#### **2. Architect:** Peters and Burns, Dayton, Ohio

**3. Original and subsequent owners, occupants, uses:** The original hospital administration building (Building No. 19) served as the administrative arm of the Marion Branch, NHDVS hospital; later, it housed offices, a barber shop, and rooms for psychological testing. The kitchen and dining room ell (Building No. 20) included a scullery and storage in the basement. The first floor of this wing was later used for

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<sup>1</sup> NHDVS Board of Managers, *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1890* (Washington, DC: GPO, 1891), 12, 16; NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1891* (Washington, DC: GPO, 1892), 202.

<sup>2</sup> Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1898), 31-32; NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1898* (Washington, DC: GPO, 1899), 158.

occupational and physical therapy. Both structures now stand vacant awaiting demolition.

**4. Builder:** William Saint

**5. Original plans and construction:** Original drawings have not been located but field inspection indicates that the original Queen Anne exterior appearance and interior layout are largely intact (Figure 3).

**6. Alterations and additions:** The Marion Branch hospital experienced frequent remodeling and changes from its earliest years. In addition to constructing the north wing in 1892-93 and remodeling the attics into staff dormitories in 1895, a second story was added to the wood connecting corridors in 1897.<sup>3</sup> By 1904 these corridors were rebuilt in brick. A passenger elevator was added at the same time, probably at the location of a more modern elevator in Building No. 20, the service ell.<sup>4</sup> The bathrooms were upgraded several times as well, with “new lavatories with tile floor and wainscoting” in place for a 1900 inspection.<sup>5</sup> Other new floors were installed in 1905.<sup>6</sup> Additions to the hospital bathrooms (\$6,000), of an unknown nature, were approved in 1907.<sup>7</sup> By 1915, requests were made to replace the floors and wood wainscot in the hospital bathrooms with a more durable tile.

The hospital continued to evolve, as it had throughout the 1890s, and other adjustments were made as medical philosophies and practice warranted. In 1920-21 renovations were undertaken for the conversion to a National Sanitarium. The exact nature of these renovations is unknown.

**B. Historical Context:** See overview historical context HABS No. IN-306 for additional information on the Marion Branch and the NHDVS. For additional historical context on the Marion Branch hospital see reports HABS No. IN-306-B, Building No. 22 (Hospital South Wing) and HABS No. IN-306-C, Building No. 21 (Hospital North Wing).

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<sup>3</sup> NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1897* (Washington, DC: GPO, 1898), 152. This report also notes that concrete floors were put in the basement.

<sup>4</sup> NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1904* (Washington, DC: GPO, 1905), 165-66.

<sup>5</sup> Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1896), 62.

<sup>6</sup> NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1905* (Washington, DC: GPO, 1906), 170.

<sup>7</sup> NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1907* (Washington, DC: GPO, 1908), 246.

## **Part II. Architectural Information**

### **A. General statement**

**1. Architectural character:** The original hospital administration building (Building No. 19) is a study in Queen Anne architectural features, whereas the rear kitchen/dining room wing (Building No. 20) to the east is a more utilitarian structure. The rectangular east wing is two stories in height, made of red bricks, and covered by a hip roof. The asymmetry and visual kaleidoscope associated with the Queen Anne is represented in Building No. 19 by the turret, tower, projecting entry block, large dormer, and the wraparound porch that sweeps across the north face of the building. The steep roofline, and combination hip and gable, also epitomize the expression of form in the Queen Anne aesthetic.

**2. Condition of fabric:** The building is in poor condition largely due to the effects of water infiltration, heightened by years of deferred maintenance as well as by animal infestation. It is scheduled for demolition in 2012.

### **B. Description of Exterior**

**1. Overall dimensions:** The overall rectangular footprint of Building No. 19 is disguised by the asymmetrical massing of the west front façade and the wraparound porch. Building No. 20 also has a rectangular footprint. Its west elevation abuts the connecting corridor, but the north and south side elevations are six, irregularly spaced bays in length.

**2. Foundations:** The perimeter walls of the hospital are made of stone, with interior brick walls and piers supporting the superstructure. The use of load-bearing masonry walls, stone to the outside and brick within, was continued in Building No. 20. The stone foundation walls are visible above grade, varying from just under one foot to just over four feet in height. The rough-faced stones are laid in courses and are capped by a ten inch tall course of limestone.

**3. Walls:** The masonry walls of the hospital are made of red bricks laid in a running bond. A typical brick measures 8 ½ inches by 2 ½ inches. Along the corridor linking Building No. 19 to the other three wings is a water table consisting of five courses of bricks corbelling out from the face of the walls. On Building No. 20 tall engaged pilasters demarcate the bays. Each bay has corbelled brick across the top and contains a sash window on the first floor and an arched sash window on the second floor (although the second bay from the east end lacks a window on the second floor).

**4. Structural system, framing:** Buildings No. 19 & 20 have load-bearing masonry walls, and wood roof and floor framing systems. Visible trusses in the Building No. 19 attic resemble a modified king-post system.

**5. Porches, bulkheads:** A grand wood porch stretches across the entire front of Building No. 19 and wraps to the north and south side elevations. At the side elevations the porch has a second floor level inset underneath the main roof of the structure. The floor and ceiling of the porch are made of wood that has been painted. The columnar supports are paired, measure about 5 ½ inches square and rest on a metal cricket. The shafts are fluted. At the main first floor porch a limestone course – the top of the stone foundation walls – is akin to a baseboard, hiding the transition from wood floor to masonry walls. There is a metal handrail for the stairways on the north front and south side elevations; the metal pipe rail also runs between each pair of columns. The north front stair consists of six steps to the landing, while that to the south requires just four (visible) steps. The wraparound porch is raised off the ground, with concrete block underpinning the 5 ½ inch square wood columns and lattice covering the space between the supports.

Just north of the connecting corridor is a bulkhead entrance to the basement under the north end of Building No. 19; it was inaccessible at the time of the HABS field visit. The bulkhead entrance is about six feet across.

The rear porch provides for a recessed or covered entry into the basement of Building No. 20 from the east and is accessed by a single flight of concrete steps from the north side. The porch is enclosed, by masonry walls of the building proper and by screens to the east. The floor is concrete. To the north of the porch is a loading dock area; this is accessed by a flight of concrete steps. Metal pipe handrails flank these steps.

**6. Chimneys:** There is one stack partially visible from the northeast; it is located on the east slope of the roof of Building No. 19, near the eave, and just north of the connecting corridor. The stack is made of bricks laid in stretcher bond and rowlock arches. Additional chimneys visible in historic photographs on the west and south slopes of the hospital administration building roof have been removed.

## **7. Openings**

- a. Doorways and doors:** The front (west) entrance portal at Building No. 19's wraparound porch consists of glazed double doors set beneath a large fanlight glazed with ten lights arranged in two rows. The fanlight is capped by a two-course rowlock arch. The south door is a single leaf, made of wood and painted, and placed between three-light sidelights over a panel. The glazing over a panel mimics that of the door itself, which has four lights above the lock rail and two panels below it. There is no transom light or fanlight. At the second floor, on the north end, a single door made of wood opens onto the porch. This door has four lights over the lock rail and three panels below it. It is placed beneath a four-light transom. At the south end of the corridor, double doors open onto the south porch. These are glazed above the lock rail and placed beneath a six-light transom.

Entryways for Building No. 20 include double doors to the basement. These are made of wood, and are glazed above the lock rail and paneled below it. They are

located under the south end of the east rear porch extension; the concrete flooring slopes gently down to the doors. Similar to these doors are the double doors of the porch; these too are glazed above the lock rail and paneled below it. They are hung from butt hinges on a wood frame set within the masonry walls forming a plain reveal. The lintel is a continuous course of limestone. Identical in ornament is the single door opening from the porch on the south end. It is glazed with nine lights above the lock rail, and is paneled below the rail. Above this door, also opening onto a porch, are double doors hung beneath a nine-light transom. Each leaf is glazed above the lock rail and paneled below it. Over the transom is a limestone lintel. A modern, single door opens from the ramp along the south wall; it has the same lintel as the windows and is tucked beneath a narrow, utilitarian hood.

At the juncture of the connecting corridors and southwest corner of Building No. 20 is a set of modern, metal double doors leading to a transitional space in the corridor housing the modern elevator. A concrete ramp leads to this doorway.

- b. **Windows and shutters:** Building No. 19 typically has rectangular window openings with limestone lintels and sills on the first floor and round arch window openings with limestone sills on the second. The tall wood wood sashes contain two over two lights. There are several smaller iterations of this type, with one-over-one glazing. There is a group of three round arch windows at the second floor in the center of the west façade; the center window is slightly larger than the two flanking ones. These windows have a fixed transom on the round arch with curved muntins forming a sunburst motif. Rowlock arches made of two courses of bricks accommodate the round arch of the top sash. The basement is lit by hopper windows.

Building No. 20 features similar windows, with round arched sash on the second floor that corresponds to the placement of the rectangular wood sash windows of the first floor level. There are smaller, square windows glazed with four lights in the rear porch, as well as a pair of wood windows glazed with four lights on the south elevation of this rear extension. There are also rectangular, two-light windows illuminating the basement. The sash is glazed with two-over-two lights and the sills are limestone. The first-floor windows also have wide, flat limestone lintels.

## 8. Roof

- a. **Shape, covering:** The hospital administration building has a steeply pitched, irregularly-shaped roofline. Primarily a hip roof, the roof is broken by a front gable wall dormer on top of a shallow cross hip; by the taller tower form with its pyramidal roof; and by the turret near the southwest corner of the building. The whole is sheathed in asphalt shingles but was originally covered with slate. The

roof over the kitchen/dining room ell is a hip roof with the ridge oriented east to west. It is covered in asphalt shingles which replaced the original slate.

- b. Cornice, eaves:** Building Nos. 19 & 20 has a pressed metal box cornice forming shallow eaves. On Building No. 19 the cornice also features dentils. These cornices appear to have integrated gutters; pipe downspouts connect to cast iron leaders at various corners.
- c. Dormers, towers:** Building No. 19 originally had a number of hipped roof dormers that have been removed. One pedimented wall dormer remains at the center of the west façade. This dormer has four small rectangular window openings with wood sash. The lower sashes have two vertical lights and the upper sashes are divided into eight small horizontal rectangles. A louvered round arch opening is located in the pediment.

The three-story, square tower rises over the ridgeline of the main hip roof to the south of the cross hip with wall dormer. Its robust form is heightened by the use of rowlock arches, limestone stringcourses, window groupings, and pyramidal roof. The third-floor tower room is reached by the attic; it has a wood floor and its walls are the exposed bricks of the exterior. At the cornice line the corners corbel out; there is a relieving arch over the doorway. The windows are glazed with ten small horizontal rectangular lights-over-two (or one) lights; the frames are wood and the aprons are milled.

The round corner turret with conical roof sits at the southwest corner of Building No. 19, directly adjacent to the taller square tower. The curved windows have extended limestone sills and lintels and wood sash with two over two lights. The second floor windows have a two-light transom above the stone lintel.

### C. Description of Interior

**1. Floor plans:** The meandering floor plan of Building No. 19 is given some structure by the main east-west corridor from the front entrance and vestibule that extends eastward and connects to Building No. 20, and the ward wings (Buildings No. 21 and 22) via the connecting corridors (Figure 4). The north-south cross hall terminates at double doors that create an interior vestibule that in turn feeds to the south door onto the porch. The north end of the cross hall empties into a suite of rooms opening off a small hall which at one time accommodated a chapel. The stair also is located at the north end of the cross hall, opening on the east side. The southeast corner contains two rooms, with an internal doorway as well as doors to the hall. Across the hall, to the southwest corner, the suite of rooms included the curved turret space, several bathrooms, storage areas, and a laboratory. The second floor echoes that of the first, except each room has a door connecting it to the hall, and the north end of the cross hall featured a single door that provided access to a small porch. A barber shop was housed in this space immediately before the building was vacated.

The attic over Building No. 19 is reached by a half-turn stair with a halfpace landing that is lit by an arched window glazed with two lights placed side by side. This attic was modified in 1895 for staff housing. For example, a wood ceiling was installed in the wall dormer area and the tower room also has a wood ceiling and floor.

The basement of Building No. 19 is accessed via straight flight of wood steps. The basement has internal brick walls, dividing the space into rooms for various uses, as well as the external, load-bearing stone foundation walls. In some instances the three-light hopper windows are filled with insulation. Shelving has been inserted into spaces in the masonry, effectively using the structural supports for multiple purposes. The floor joists are reinforced in areas with wood posts.

Most of the first floor of Building No. 20 was occupied by the hospital kitchen and dining room (Figure 5). Only patient and hospital staff meals were prepared and served here; the rest of the members ate in the large main mess hall on the south side of Steele Circle. The second floor contains a double-loaded corridor that empties into a large room at the east end.

The Building No. 20 attic is reached by an enclosed, half-turn stair located on the north side of the corridor near the east end. A utilitarian balustrade, with square balusters, protects the stair head. The floor is made of wood, and the roof framing consists of modified trusses. At one time the space was finished; graffiti and evidence of lath and remnants of baseboards suggest a partitioning and occupation of the space.

The basement of Building No. 20 was accessed through the exterior doors at the east end. It is a utilitarian space filled with pipes and boilers, as well as one retrofitted for storage needs. A bathroom was also installed here. Early reports indicate that part of the basement was used as a scullery.

**2. Stairways:** The main stairway is located just northeast of the main hall in Building No. 19; it is a half-turn wood stair with a halfpace landing at the turn. A single run descends from the first floor into the basement. This flight has wood steps, with a closed stringer and a round, wood handrail to either side. Another half-turn stair ascends to the attic. The sill and stepped apron are milled, and the frame is set into the wall providing a smooth, but rounded, reveal. The stair is enclosed. The steps are made of wood, and the landing step is subsumed in the wood flooring of the attic. Turned balusters and handrail protect the open stair head at the attic. There is no vertical circulation inside Building No. 20; instead access to the second floor is provided via the two-story corridor connected to Buildings No. 19, 21, and 22.

There is also an elevator that connects the first and second floors, located at the connecting corridor adjacent to Building No. 20. An elevator was installed as early as 1904 but its exact location is unknown.

There is a steel fire escape at the southeast corner of Building No. 20. The fire escape terminates at the foot of the concrete ramp that is adjacent to the south wall and extends to an entrance into the connecting corridor near where the northwest corner of the wing adjoins the original hospital complex.

**3. Flooring:** A variety of floor finishes are found throughout the building -- the original wood flooring, six-inch square red quarry tiles, two-inch hexagonal tile (Building No. 20), linoleum “resilient” square tiles, and carpet. The basement area has a concrete floor.

**4. Wall and ceiling finish:** The walls are primarily painted plaster on lath over wood studs and framing or lath over brick, load-bearing walls. Subway tiles are also present in the bathrooms, and there is some marble for the walls of the individual stalls. The plaster ceilings – some with metal lath rather than the wood – were obscured in some of the spaces by dropped ceilings of acoustical tiles. Two-way glass is installed in one of the rooms over the kitchen and dining room as part of a patient care suite. Columns measuring eleven inches in circumference are present in the dining room; additional support comes from boxed cross beams which also impart a sense of architectural detail to the space along with the picture rail. A partition wall was installed at a later time, although the service pass-through and shelving appears to be original. The column shafts are fluted, except for the bottom three inches or so which instead has a smooth surface that extends down to the base.

## 5. Openings

**a. Doorways and doors:** The predominant type of door is a wood, paneled door hung by butt hinges in a wood frame.<sup>8</sup> The frames are trimmed with a gesture to the Colonial Revival period, particularly in the architrave trim. The bull’s eye corner blocks and applied back band molding are derivatives of the Greek Revival moldings, however, these are much later and so smaller and flatter than period moldings would be. Some of the doors have been glazed above the lock rail. More elegantly done are the glazed double doors set beneath a fanlight along the east-west hall. The fanlight effectively borrows light and casts it into the corridor, but it also contributes to the aesthetic quality of the interior space. On the second floor, the five-light transoms were used in lieu of the fanlights. Modern, hollow-core doors are present in the much-altered interior spaces, such as the southwest suite on the second floor of Building No. 19.

**b. Windows:** Efforts to borrow light and to ventilate the interior spaces led to the use of a number of transom windows in the wide east-west corridors and, in some instances, in the smaller rooms for patients. Generally the windows are slightly recessed into the opening and rather than having an articulated surround, the wall curves back to join the sash frame. A gentle segmental arch characterizes many of

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<sup>8</sup> These are either the five horizontal panel model or the six (from top to bottom: one horizontal, two vertically-oriented panels side by side then three horizontal below the pair) panel model.

the window heads. A metal grille covering the interior face of the large corridor windows secures the openings.

**6. Decorative features and trim:** Surviving ornamental features that attest to the era in which the hospital was constructed include the Greek Revival-style door surrounds with bull's eye corner blocks, keystones over the fanlights, applied back bands, stepped aprons, and paneled reveals. In Building No. 19, surbase, baseboard, and corner moldings were also present. The fanlights and transoms also evoke this earlier period of design. Shelving is found in the closet and basement areas, presumably installed to facilitate storage and the operation of the hospital complex. Later renovations tried to emulate these features, but with paint up to where a surbase would be (or was) and applied baseboards rather than the molded baseboards seen in the turret rooms.

**7. Hardware:** Extant finish hardware includes bronze or brass butt hinges, latches and door pulls, locks, metal door kick plates and closures, as well as metal bathroom fixtures.

## **8. Mechanical equipment**

- a. Heating, air conditioning, ventilation:** Although originally heated by natural gas, the hospital had a boiler installed in 1894; a myriad of pipes associated with the HVAC systems as well as radiators of varying sizes remain throughout the building. There is no central air conditioning in the building. Some spaces in Building No. 19 had window units, while others sufficed with fans and open windows.
- b. Lighting:** The hospital was wired for electricity; overhead incandescent or fluorescent lighting fixtures remain in some of the interior spaces.
- c. Plumbing:** The hospital's fire suppression system consists of sprinklers throughout the structure, in a dry pipe design. The hot water for the bathrooms comes from an electric heater located in the basement. The fixtures are made of white vitreous china.
- d. Other:** A modern elevator was installed in the 1950s. The clocks in the patient rooms and dining room are no longer extant but their location on the upper wall of each room is evident because the circular base remains in-situ.

## **PART III. SOURCES OF INFORMATION**

- A. Architectural drawings:** Original or early architectural drawings for the Marion Branch buildings have not been located. The PLIARS database preserves many floor plans that serve as a record of existing conditions and change over time – the earliest of these drawings date to the 1940s. Engineering Services at the Marion VAMC has extensive

flat files, but very little early material. Most of these drawings date to the second half of the twentieth century.

- B. **Early Views:** The best sources of early views are the published souvenir books from 1908, 1911, and c. 1916. The Indiana Room at the Marion Public Library also has a collection of early views, mainly postcards, of the Marion Branch. This collection also has the earliest image of the Branch that has been located, a photograph of the hospital under construction, c. 1891.

**C. Selected Bibliography:**

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**PART IV. PROJECT INFORMATION**

Documentation of selected buildings at the former Marion Branch of the National Home for Disabled Volunteer Soldiers was undertaken in 2011 by the Historic American Buildings Survey (HABS) of the Heritage Documentation Programs division of the National Park Service, Richard O'Connor, Chief. The project was sponsored by the Department of Veterans Affairs (DVA), Office of Construction and Facilities Management, Kathleen Schamel, Federal Preservation Officer. Project development was coordinated by Catherine Lavoie, Chief, HABS and by Douglas Pulak, Deputy Federal Preservation Officer, DVA. The field work was undertaken and

the written histories were produced by Lisa P. Davidson and Virginia B. Price, HABS Historians. The large format photography was undertaken by HABS Photographer Renee Bieretz; an initial photographic survey was completed by HABS Photographer James Rosenthal in 2008. Valuable assistance was provided by James A. Broyles, Project Engineer, Engineering Services, Marion Campus, VA Northern Indiana Health Care System.

PART V. ILLUSTRATIONS

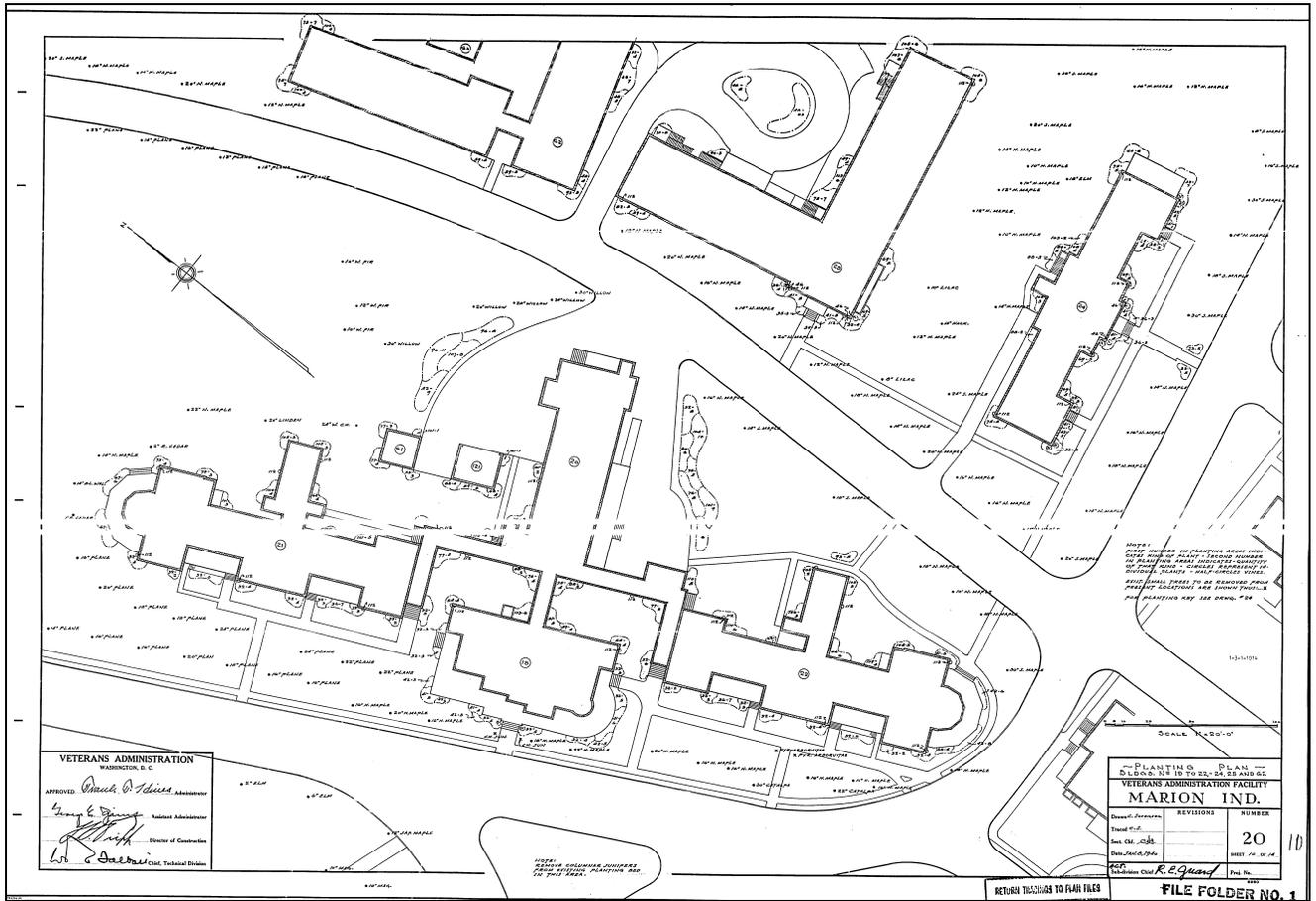


Figure 1: Site Plan of Marion Branch Hospital, 1940.  
 Source: PLIARS database, VACO.

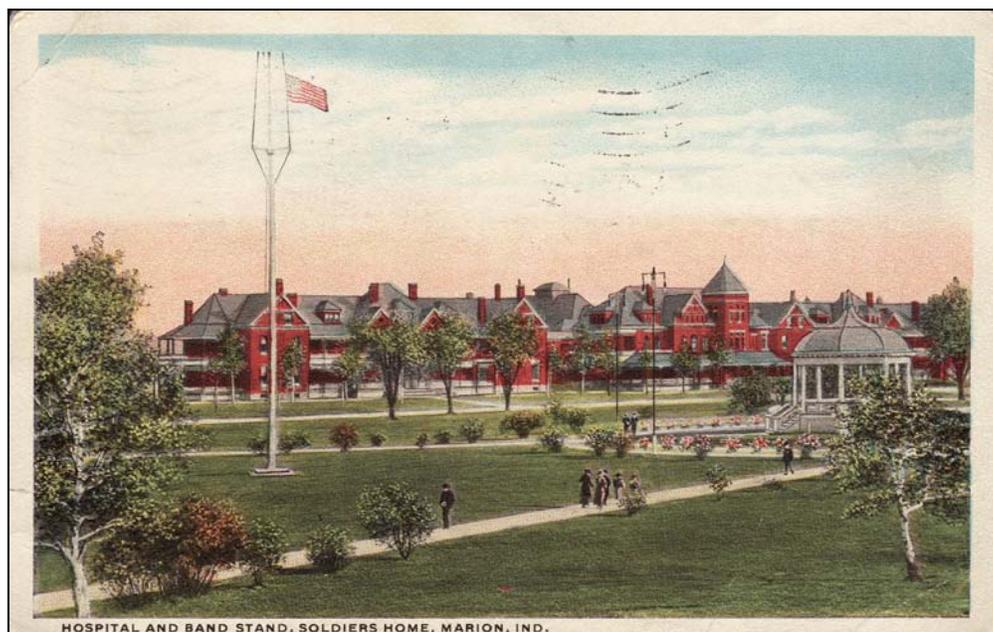


Figure 2: Postcard of Marion Branch Hospital, c. 1916.  
Note Building No. 19 to left of bandstand and Building No. 20 partially visible behind to left.  
Source: Marion VAMC files



Figure 3: Hospital Administration Building, c. 1908  
Source: *National Military Home, Indiana*, c. 1908, Marion VAMC files.

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS -  
 MARION BRANCH, BUILDING Nos. 19-20  
 HABS No. IN-306-A  
 (Page 15)

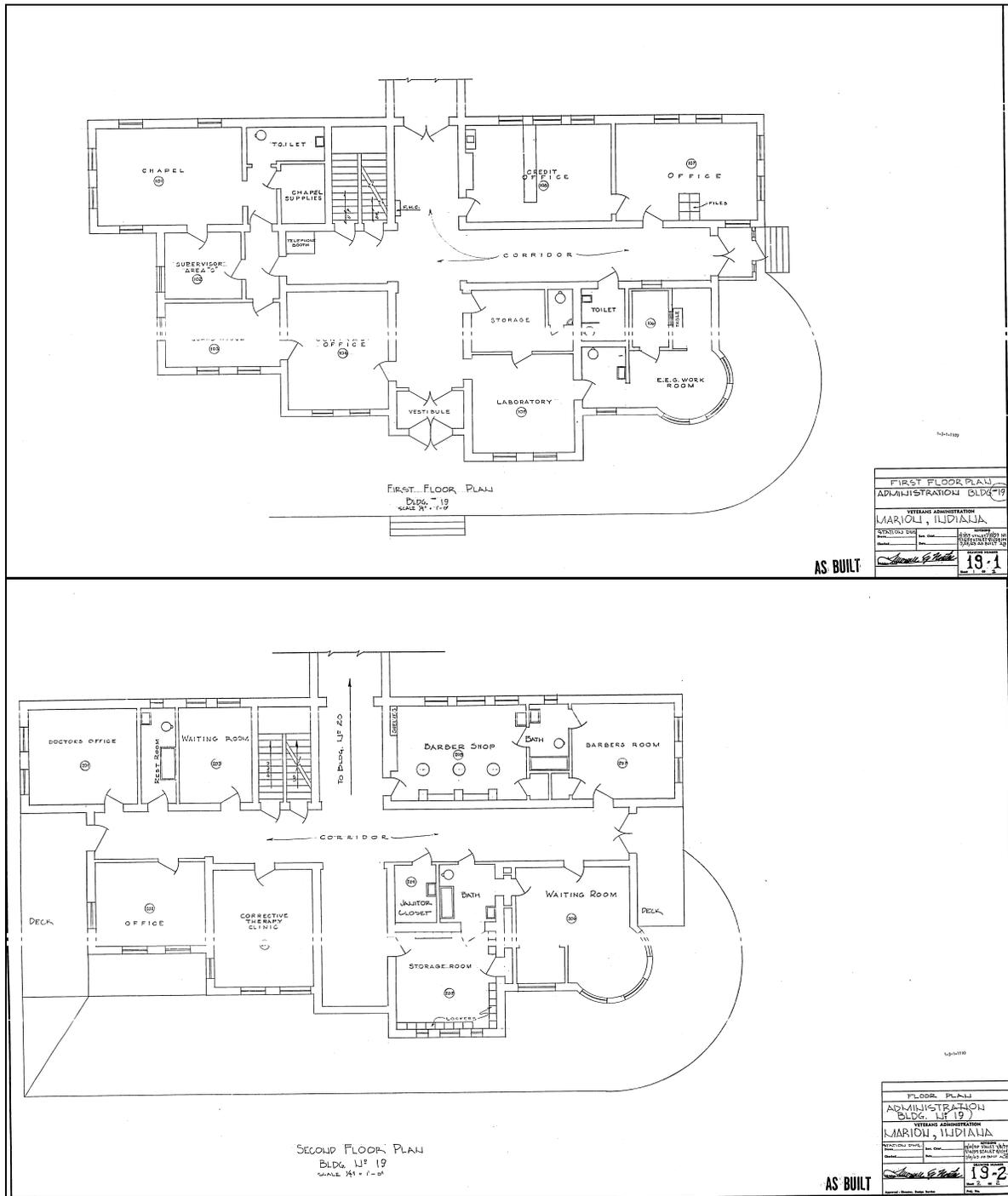


Figure 4: Building No. 19 Floor Plans, c. 1963  
 Source: PLIARS database, VACO

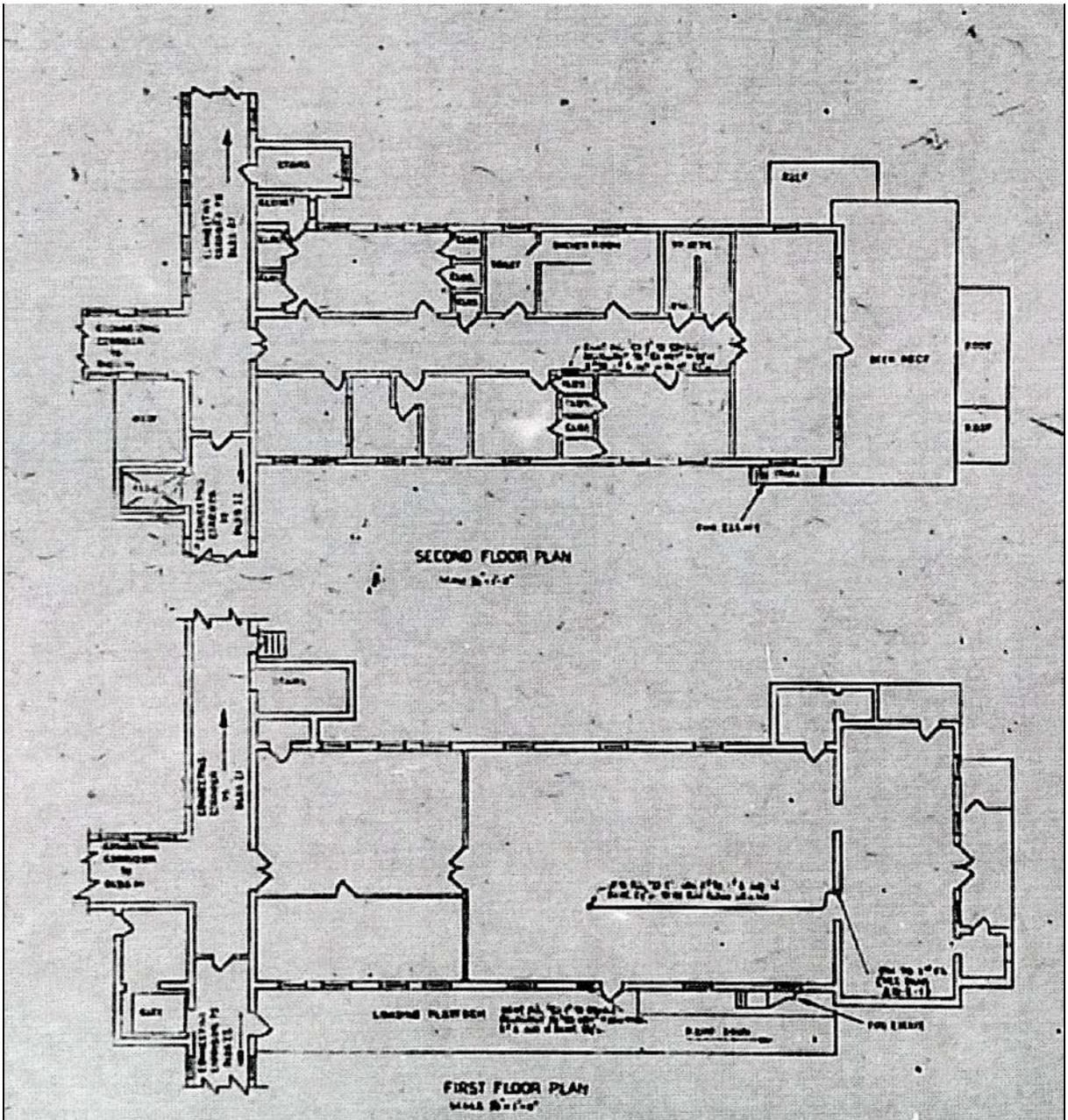


Figure 5: Building No. 20 Floor Plans, c. 1978  
Source: Engineering Services files, Marion VAMC